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Cultivating the Compassionate Self Against Depression: An Exploration of Processes of Change

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Introduction

Increasing research suggests that compassion is linked to many aspects of healthy psychological functioning and can be a protective factor against mental health difficulties, in particular depression (MacBeth & Gumley, 2012). Compassion-focused interventions are effective in increasing (self)compassion, mindfulness and wellbeing, and in reducing depression, anxiety and psychological distress (Kirby, Tellegen, & Steindl, 2017).

The cultivation of the compassionate self, associated with a range of practices such as slow and deeper breathing, compassionate voice tones and facial expressions, and compassionate imagery and focusing, is central to Compassion Focused Therapy (Gilbert, 2014; Gilbert & Choden, 2013). However, the processes of change that mediate the impact of compassionate self cultivation practices on depressive symptoms are yet to be examined.

The aim of this study is to explore the mechanisms of change that underlie the effects of a brief Compassionate Self Training (CST) intervention on depressive symptoms.

Methods

Participants were 93 individuals (73 college students and 20 from the Portuguese general population), with ages ranging from 18-43 ($M = 23.34$; $SD = 4.16$) years old, and 14.99 ($SD = 2.31$) years of education.

In a longitudinal randomized controlled design, participants were randomly assigned to one of two conditions: Compassionate Self Training (CST; $n = 56$) and Wait-List Control (WLC; $n = 37$).

Participants in the CST condition participated in a 2-hour psychoeducation and practice group session and were instructed to practice a CST for 15 minutes everyday or in moments of stress for two weeks.

Self-report measures of depression (*Depression, Anxiety and Stress Scale*; Lovibond & Lovibond, 1995), self-criticism (*Forms of Self-Criticism and Self-Reassurance Scale*; Gilbert et al., 2004), shame (*Other as Shamer scale*; Goss et al., 1994), fears of compassion (*Fears of Compassion Scale*, Gilbert et al., 2011) and compassion (*Compassion Attributes and Actions Scales*; Gilbert et al., 2015), were completed at pre and post in both conditions.

Compassionate Self Training Protocol

Basis for the cultivation of the compassionate self

- ◆ Postures, facial expressions and voice tones
- ◆ Mindfulness
- ◆ Soothing Rhythm Breathing

Practices for the compassionate self cultivation

- ◆ Building and cultivating the compassionate self
- ◆ Compassion directed at a significant other
- ◆ Compassion directed at oneself

Results

The impact of the Compassionate Self Training Intervention

There were no significant differences between the groups at baseline. Group comparisons were conducted based on time direct effects and on time X group interaction effects. Results showed that, at post-intervention, participants in the CST condition significantly decreased depression [$F_{(1,91)} = 11.92, p = .001, \eta^2 p = .12$], self-criticism [$F_{(1,88)} = 6.87, p = .010, \eta^2 p = .07$], shame [$F_{(1,91)} = 8.27, p = .005, \eta^2 p = .08$], and fears of compassion [$F_{(1,90)} = 14.88, p < .001, \eta^2 p = .14$]; and increased self-compassion [$F_{(1,91)} = 5.24, p = .024, \eta^2 p = .05$] and openness to receive compassion from others [$F_{(1,90)} = 4.89, p = .030, \eta^2 p = .05$].

Processes underlying effects on depression

To explore possible mediators of the effect of the CST intervention on depression, a series of between-subjects' mediation analyses (PROCESS; Hayes, 2012) were conducted (see Figure 1).

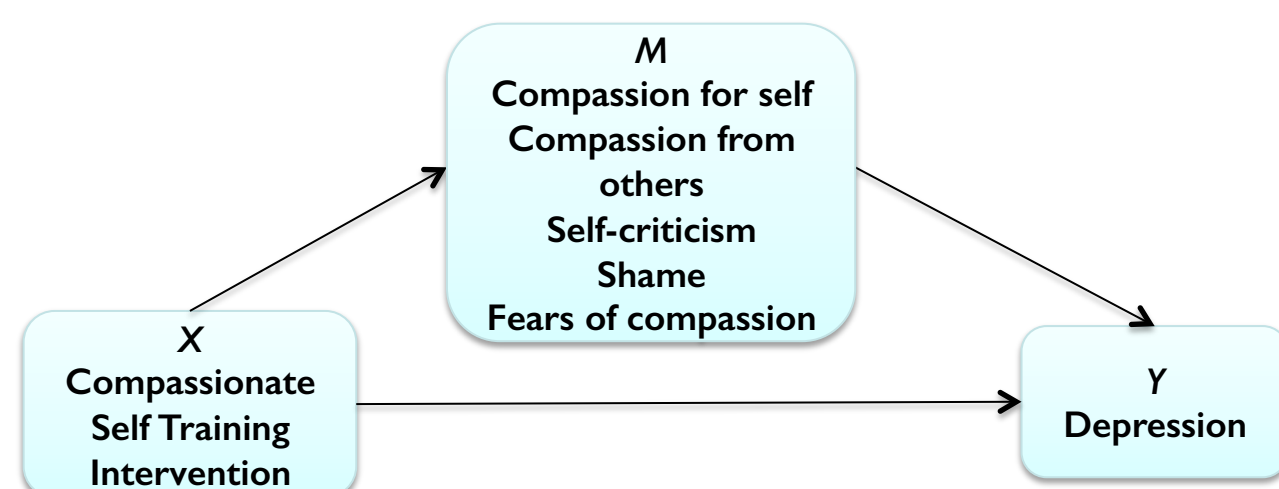


Figure 1. Conceptual model of the between-subjects mediation analysis

Increases in compassion for the self ($B = -0.54$, $BootSE = 0.25$ 95% CI [-1.24 to -0.18]), and the ability to receive compassion from others ($B = -0.31$, $BootSE = 0.24$ 95% CI [-1.03 to -0.03]) mediated the decrease in depressive symptoms from pre to post intervention.

Decreases in self-criticism ($B = -0.63$, $BootSE = 0.27$ 95% CI [-1.33 to -0.22]), shame ($B = -0.42$, $BootSE = 0.23$ 95% CI [-1.06 to -0.09]) and fear of compassion for the self ($B = -0.66$, $BootSE = 0.29$ 95% CI [-1.33 to -0.16]) significantly mediated the effect of the CST intervention on depression.

Discussion

Improvements in depression were mediated by changes in psychological processes targeted by the CST intervention. In particular, increases in abilities to be compassionate towards oneself and to receive compassion from others, cultivated by the CST, are especially important in decreasing depressive symptoms. Furthermore, decreases in self-criticism, external shame and fear of compassion for the self, fostered by the CST, are especially relevant in reducing depressive symptoms.

Developing awareness of the evolved nature and inherent difficulties of the human mind allied with practicing of CST exercises is related to several beneficial effects.

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